

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/257635

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4	1					
5		1				
6		2				
7		0				
8		0				
9		0				
10		0				
11			1		1	
12				1		1
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21			1		1	
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44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.			3		4	
TOTAL DEP.			19		17	
TOTAL CLAIMS			22		21	

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS